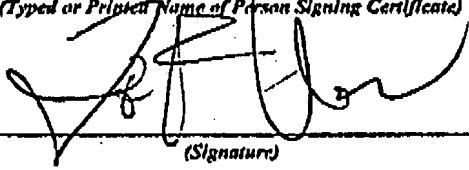

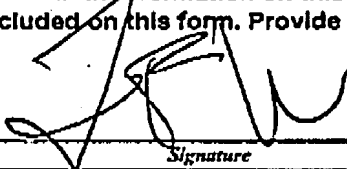


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): Seiji Yamaguchi, et al			Docket No. 15190	
Application No. 10/042,608	Filing Date January 9, 2002	Examiner Martin A. Gottschalk	Group Art Unit 3694	
Invention: MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING SYSTEM AND MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING METHOD Confirmation No.: 7027				
<p>I hereby certify that this <u>RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)</p> <p>on <u>June 14, 2007</u> (Date)</p> <div style="text-align: center;"><p>John F. Vodopia (Typed or Printed Name of Person Signing Certificate)</p><p>(Signature)</p></div> <p>Note: Each paper must have its own certificate of mailing.</p>				

JUN 14 2007

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 15190									
Applicant(s): Seiji Yamaguchi, et al.														
Application No. 10/042,608	Filing Date January 9, 2002	Examiner Martin A. Gottschalk	Customer No. 23389	Group Art Unit 3694	Confirmation No. 7027									
Invention: <b>MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING SYSTEM AND MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING METHOD</b>														
<b><u>COMMISSIONER FOR PATENTS:</u></b>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	22	22	0	x \$50.00	\$0.00									
INDEP. CLAIMS	4	4	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: June 14, 2007											
<b>John F. Vodopin</b> Registration No. 36,299  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER, P.C.</b> 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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_____ Typed or Printed Name of Person Mailing Correspondence														
cc:														

P11LARGE/RCV10

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>15190</b>									
Applicant(s): <b>Seiji Yamaguchi, et al.</b>														
Application No. <b>10/042,608</b>	Filing Date <b>January 9, 2002</b>	Examiner <b>Martin A. Gottschalk</b>	Customer No. <b>23389</b>	Group Art Unit <b>3694</b>	Confirmation No. <b>7027</b>									
Invention: <b>MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING SYSTEM AND MEDICAL PRACTICE INFORMATION STORAGE AND SEARCHING METHOD</b>														
<u><b>COMMISSIONER FOR PATENTS:</b></u>														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
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TOTAL CLAIMS	22 -	22 -	0	x \$50.00	\$0.00									
INDEP. CLAIMS	4 -	4 -	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.18. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ <i>Signature</i>			Dated: <b>June 14, 2007</b>											
<b>John F. Vodopich</b> Registration No. 36,299  <b>SCULLY, SCOTT, MURPHY &amp; PRESSER, P.C.</b> 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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CC:														

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JUN 14 2007

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant(s):** Seiji Yamaguchi, et al.

**Examiner:** Martin A. Gottschalk

**Serial No:** 10/042,608

**Art Unit:** 3694

**Filed:** January 9, 2002

**Docket:** 15190

**For:** MEDICAL PRACTICE INFORMATION  
STORAGE AND SEARCHING SYSTEM  
AND MEDICAL PRACTICE  
INFORMATION STORAGE AND  
SEARCHING METHOD

**Dated:** February 20, 2007

**Confirmation No.:** 7027

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 2233-1450

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

Sir:

In response to the Notice of Non-Compliant Amendment, dated May 18, 2007, Applicants resubmit the Amendment, now in fully compliant form, and respectfully requests the Examiner to reconsider the application in view of the following amendments and remarks.

Amendments to pending claims 1-26 are reflected in the "Listing of Claims" that begins on page 2 of this paper.


Remarks begin on page 13 of this paper

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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

**Dated:** June 14, 2007

  
John F. Vodopia